

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <i>09/940747</i>	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3		1		1			53						
4		1		1			54						
5		1		1			55						
6		1		1			56						
7		1		1			57						
8		1		1			58						
9		1		1			59						
10		1		1			60						
11							61						
12		1		1			62						
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14	1		1				64						
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46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2	1	4	1			TOTAL IND.						
TOTAL DEP.	12	1	28	1			TOTAL DEP.						
TOTAL CLAIMS	14		32				TOTAL CLAIMS						

CLAIMS ONLY

SERIAL NO.

0794074.7

FILING DATE

8-29-87

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	2	1	2	1	2	1
TOTAL DEP.	13		13		13	
TOTAL CLAIMS	15		15		15	

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS